

EXHIBIT 1

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts R 200911

DEPARTMENT OF PUBLIC HEALTH

REGISTRY OF VITAL RECORDS AND STATISTICS



52

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
CERTIFICATE OF DEATH

MEDICAL EXAMINER

State File # 2021 011923

Registered # 21-37

OCME CASE # 2021-2032

07012019

DECEDENT	Place of Death	3307 WINDSOR WOODS WAY, CANTON, MA		
	Date of Death	FEBRUARY 04, 2021	Age	23 YRS
	Current Name	BIRCHMORE, SANDRA MARIE		
	Surname at Birth or Adoption	BIRCHMORE	SSN	--- 0194
	AKA	---		
	Date of Birth	MAY 13, 1997	Birthplace	BOSTON, MASSACHUSETTS
	Residence	3 WINDSOR WOODS LANE, CANTON, MASSACHUSETTS 02021		
	Race	WHITE	Education	UNKNOWN
	Marital Status	NEVER MARRIED	Occupation/Industry	SUBSTITUTE TEACHER/EDUCATION
	MEDICAL CERTIFIER	Last Spouse - Last, First, Middle (Surname at Birth or Adoption)		Decedent: U.S. Veteran (Most Recent)
---		NO		
Parent Name - Last, First, Middle (Surname at Birth or Adoption)		Birthplace		
BIRCHMORE, DENISE FRANCIS (MCKAIN)		MASSACHUSETTS		
Parent Name - Last, First, Middle (Surname at Birth or Adoption)		Birthplace		
BIRCHMORE, SANDRA MARIE (BIRCHMORE)		MASSACHUSETTS		
Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause				
a. Immediate Cause (Final condition resulting in death)		Interval between onset and death		
ASPHYXIA BY HANGING		UNKNOWN ---		
b. Due to or as a consequence of:		---		
c. Due to or as a consequence of:		---		
d. Due to or as a consequence of:		---		
DISPOSITION	Part II. Other significant conditions contributing to death but not resulting in underlying cause		Manner of Death:	
	---		SUICIDE	
			Time of Death: 99:99	
			Result of Injury: YES	
	Certifier MARIA DEL MAR CAPO-MARTINEZ, MD		Lic # 268066	
	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118			
	Funeral Licensee/ Designee DAVID A CASPER		Lic # 6562	
	Facility/Addr. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS			
	Immediate Disposition CREMATION			
	Date of Immediate Disposition MARCH 03, 2021			
Place/Address				
SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131				
Date of Record		MARCH 04, 2021		
Date of Amendment		MAY 21, 2021 ---		
		CLERK, TOWN OF CANTON		

DATE ISSUED: MARCH 10, 2025



Jennifer M. Raymond
 Jennifer M. Raymond
 Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

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R-301 p. 2 of 2

BIRCHMORE

SFN: 2021 011923

CANTON 21-37 DEPOSITION # 21-11

AMENDED: MAY 21, 2021

CANTON

STATE VOL/PG: /

<i>If U.S. war veteran, specify war/conflict(s)</i>			

<i>Branch of military (most recent)</i>		<i>Rank/organization/outfit(most recent)</i>	
---		---	
<i>Date entered(most recent)</i>	<i>Date Discharged (most recent)</i>	<i>Service Number(most recent)</i>	
---	---	---	
<i>Place of Death Type</i>		<i>Date of Pronouncement</i>	<i>Time of Pronouncement</i>
DECEDENT'S RESIDENCE		---	---
<i>RN/NP/PA Pronouncement?</i>	<i>Name of RN/NP/PA Pronouncing Death</i>	<i>Lic #</i>	
NO	---	---	
<i>RN/NP/PA Employing Agency or Institution</i>		<i>Name of Physician or Medical Examiner notified</i>	
---		---	
<i>Was M.E. Notified?</i>	<i>Provider in charge of patient's care, if not certifier</i>		
YES	---		
<i>Autopsy Performed?</i>	<i>Findings available for Cause?</i>	<i>Tobacco contribute to death?</i>	<i>Pregnancy Status, if female</i>
YES	YES	UNKNOWN	PREGNANT AT THE TIME OF
<i>Date of Injury</i>	<i>Time of Injury</i>	<i>Injury at Work?</i>	<i>If Transportation Injury, specify:</i>
UNKNOWN	UNKNOWN	NO	NOT APPLICABLE
<i>Place of Injury</i>		<i>Location/Address of Injury:</i>	
RESIDENCE		3307 WINDSOR WOODS WAY, CANTON, MASSACHUSETTS 02021	
<i>Describe How Injury Occurred</i>			
HANGED HERSELF			
<i>Expanded Race: WHITE</i>			
<i>Ethnicity: AMERICAN</i>			
<i>Informant Name</i>		<i>Relationship</i>	
RAY --- COSGROVE		COUSIN	
<i>Addr. 7 LONG HILL ROAD, AUBURN, NEW HAMPSHIRE 03032</i>			
<i>Date Disposition Permit Issued:</i>	MARCH 04, 2021	<i>Board of Health Agent</i>	TRACY K. KENNEY
<i>State Tracking No.</i>	011923	<i>Local Permit No.</i>	21-15

BASIS/REASON: OCME UNPEND COD/CAUSE OF DEATH HAS BEEN DETERMINED

EVIDENCE: MEDICAL EXAMINER UPDATE

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND AND EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.